



Docket No.: PF106P3DI
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Haseltine et al.

Application No.: 10/079,429

Group Art Unit: 1646

Filed: February 22, 2002

Examiner: Nashed, Nashaat T.

For: **HUMAN DNA MISMATCH REPAIR
PROTEINS**

SECOND PRELIMINARY AMENDMENT

Box Non-Fee Amendment
Commissioner for Patents
Washington, DC 20231

Dear Sir:

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Applicants submit concurrently herewith:

- (a) Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 and 1.97(b) (3),
(with a revised Form PTO/SB/08 and copies of references A1-A57);
- (b) Fee Transmittal charging \$960.00 to deposit account (in duplicate).

Amendments to the Claims begin on page 2.

Remarks begin on page 10.

02/26/2004 HGUTEMA1 00000096 083425 10079429

01 FC:1202 702.00 DA
02 FC:1201 258.00 DA



Smoyer

\$ 1652

PTO/SB/17 (10-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 960.00)

Complete if Known

Application Number	10/079,429-Conf. #9565
Filing Date	February 22, 2002
First Named Inventor	William A. Haseltine
Examiner Name	N. T. Nashed
Art Unit	1652
Attorney Docket No.	PF106P3D1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	60	-21** = 39 x 18.00	= 702.00
Independent Claims	6	-3** = 3 x 86.00	= 258.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 960.00)

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Michele Shannon	Registration No. (Attorney/Agent)	47,075	Telephone	(240) 314-4400
Signature	<i>Michele Shannon</i>			Date	February 23, 2004